

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 73721, 27370, 73580 and 04647.

II. FINDINGS

The respondent denied reimbursement based upon V – Unnecessary treatment with peer review.

On 5-28-03, ___ gave preauthorization approval for left knee MRI with Gadolinium. Therefore, the insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. The disputed services will be reviewed in accordance with the MFG.

On 12-03-03, the respondent indicated that the dispute would be placed in line for payment. The Medical Review Division contacted the requestor on 1-27-04, and they had not receive payment and still wished to pursue dispute resolution.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-29-03	73721	\$924.00	\$0.00	V	\$924.00	Rule 133.301(a)	Report supports service billed per MFG; therefore, reimbursement of \$924.00 is recommended.
	27370	\$101.00	\$0.00	V	\$101.00		Report supports service billed per MFG; therefore, reimbursement of \$101.00 is recommended.
	73580	\$184.00	\$0.00	V	\$184.00		Report supports service billed per MFG; therefore, reimbursement of \$184.00 is recommended.
	A4647	\$100.00	\$0.00	V	DOP		This supply did not require preauthorization; therefore, carrier used valid EOB denial. On 8-14-03, the requestor withdrew medical necessity dispute.
TOTAL							The requestor is entitled to reimbursement of \$1209.00 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 72265, 62284, 72100, and 72131 in the amount of **\$ 1209.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1209.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 04th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division